



Dear Applicant,

Attached is the City of Scottsdale Business, Occupational, and Professional license application you have requested. Please complete the application and return with the \$12.00 application fee to the City of Scottsdale, Tax and License Registration office. Our mailing address is:

City of Scottsdale
Tax and License Registration
P.O. Box 1586
Scottsdale, AZ 85252-1586

If your application is approved, you will receive a billing for the annual license fee. A license will be issued upon receipt of payment. Below is the fee schedule:

Number of Employees	License Year	Delinquent License Fee
0 – 2	\$50.00	\$75.00
3 – 7	\$75.00	\$112.50
8 – 11	\$100.00	\$150.00
12 – 25	\$125.00	\$187.50
26 – 100	\$150.00	\$225.00
101 – 200	\$175.00	\$262.50
201 & OVER	\$200.00	\$300.00

If you have any questions, please contact the Tax and License Registration office at (480) 312-2400 or visit our website: www.ci.scottsdale.az.us

Customer Service
Office locations- 7447 E. Indian School Road, #110
Scottsdale, Az. 85251
or
9379 E. San Salvador Dr., #100
Scottsdale, AZ 85258
Telephone - (480) 312-2400



TC- 1063

**LICENSE APPLICATION
BUSINESS, OCCUPATIONAL & PROFESSIONAL**

FOR CASHIER USE ONLY

IN	OUT

THIS APPLICATION MUST BE FILED AND A PERMIT OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. APPLICATION FEES ARE NOT REFUNDABLE.

SECTION I. OFFICE USE ONLY

License Number _____ Sic. Code _____ Account Number _____
Comments: _____

Business Application Fee 12.00
Make Checks Payable To: City of Scottsdale

SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION AND START DATE

BUSINESS NAME (Individual, Company or "DBA", first name first) _____ Area Code _____ Business Telephone No. _____
STREET NO. (N,E,S,W) _____ STREET NAME _____ Type STE./APT. NUMBER
(ST.DR.AV.) _____
City _____ State _____ ZIP _____

START DATE OF BUSINESS _____

SECTION III. BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

STREET NO. (N,E,S,W) _____ STREET NAME _____ Type STE./APT. NUMBER
(ST.DR.AV.) _____
City _____ State _____ ZIP _____ Area Code _____ Emergency Number _____

APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First) _____

SECTION IV. BUSINESS OWNERSHIP AND RECORD LOCATION

1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ LLC/PARTNERSHIP ☐ CORPORATION ☐ STATE OF INCORPORATION: _____
2. NAME OF OWNERSHIP, PARTNER(S) OR OFFICERS TITLE BIRTH DATE HOME ADDRESS HOME PHONE

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:
NAME _____ ADDRESS _____ PHONE: _____
4. CORPORATE STATUTORY AGENT:
NAME _____ ADDRESS _____ PHONE: _____

SECTION V. BUSINESS TYPE, STATUS, IDENTIFICATION

5. **BUSINESS TYPE:** Retailer ☐ Service ☐ Wholesale ☐ Contractor ☐ Manufacturer ☐ Rental ☐
Describe nature of business _____
6. CHECK ONE: New owner of existing business ☐ or new Business ☐
7. If applicable, name of former business owner _____ Permit No. _____
8. Name of Applicant's previous or other current business in Scottsdale _____ Permit No. _____
9. IDENTIFICATION: # of Employees _____ Soc. Sec. # _____

SECTION VI. BUSINESS PREMISES STATUS

10. CHECK ONE: A) Do you own your business premises? Yes ☐ No ☐ Is this your Residence Yes ☐ No ☐
B) If yes, do you rent or lease to another party? Yes ☐ No ☐ Your rental permit number if applicable _____
11. CHECK ONE: A) Do you rent your business premises from another party? Yes ☐ No ☐
B) If yes, Landlord's Name _____ Address _____ Phone _____
C) Do you sublease a portion of the business premises to another party? Yes ☐ No ☐

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE PERMIT AUTHORIZED AND ISSUED IN RESPONSE TO THIS APPLICATION WITH THE CONDITION THAT I REPORT TIMELY AND PAY ANY AND ALL TAXES DUE BY ME TO THE CITY. **INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

Date: _____

Signature of Owner, Partner or Officer _____